



# Never Forgotten Animal Society, Inc.

## Foster Partner Application

**YOU MUST BE AT LEAST 18 YEARS OF AGE AND BE ABLE TO PRESENT A PHOTO ID TO FOSTER A PET.**

Animal Code: \_\_\_\_\_ Cat  Dog  Other  Date: \_\_\_\_\_

### **Foster's Information:**

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Co-Foster: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street & Apt/Unit# City State Zip

Mailing Address: \_\_\_\_\_

Street & Apt/Unit# City State Zip

E-Mail: \_\_\_\_\_ Photo ID #: \_\_\_\_\_

**About your current residence:**  House  Apartment  RV  Other: \_\_\_\_\_

Own  Rent Property Mgr. Name & Contact #: \_\_\_\_\_ Have a secure, fenced area?  Y  N

Time Away from Home:  Home All Day  Away Part Time (4-7 Hrs.)  Away Full Day (7-10 Hrs.)

**Where will this pet be during:**

Daytime:  Indoors  Outdoors  Indoors w/Outdoor Access If outdoors, do you have adequate shelter?  Y  N

Nighttime:  Indoors  Outdoors  Indoors w/Outdoor Access If outdoors, do you have adequate shelter?  Y  N

Prior Pet Experience:  Childhood Pets  1<sup>st</sup> Time Pet Parent  Owned 1-3 Pets  Owned Many Pets

**Ages/# of children that will have regular contact with the adopted pet:**

0-1 Years  1-5 Years  5-10 Years  10-13 Years  13-18 Years

Any family members with pet allergies?  Y  N

All family members in agreement to foster?  Y  N

### **Current pets:**

Name	Breed	Sex M/F	Age	Current on Vaccines? Y/N	Fixed? Y/N	Likes other animals? Y/N

### **Foster Interest:**

- |  |  |
|--|--|
| <input type="checkbox"/> Cat/Kitten                              | <input type="checkbox"/> Dog/Puppy                               |
| <input type="checkbox"/> Litters of kittens                      | <input type="checkbox"/> Litters of puppies                      |
| <input type="checkbox"/> Pregnant/nursing cat (& babies)         | <input type="checkbox"/> Pregnant/nursing dog (& babies)         |
| <input type="checkbox"/> Orphaned kittens needing bottle feeding | <input type="checkbox"/> Orphaned puppies needing bottle feeding |
| <input type="checkbox"/> Cat/Kitten with medical/special needs   | <input type="checkbox"/> Dog/puppies with medical/special needs  |
| <input type="checkbox"/> Senior cat                              | <input type="checkbox"/> Senior dog                              |

By placing my/our signature(s) below, I/we acknowledge and agree that all of the above information is true and accurate as of today's date.

\_\_\_\_\_  
Foster Signature Date

\_\_\_\_\_  
Co-Foster Signature Date

\_\_\_\_\_  
Staff Signature Date

Never Forgotten Animal Society, Inc.



# Never Forgotten Animal Society, Inc.

## Foster Partner Contract & Photo Release

Animal Code: \_\_\_\_\_  Foster to Adopt Cat  Dog  Other  Date \_\_\_\_\_

Adoption Fee: \$ \_\_\_\_\_ Paid:  Cash  Credit Card  Digital Payment

**Foster's Information:** (hereinafter referred to as foster(s))

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Co-Foster: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

E-Mail: \_\_\_\_\_ Driver's License: \_\_\_\_\_

**Animal Information:**(hereinafter referred to as pet)

Kennel Name: \_\_\_\_\_ Adopted Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex:  Male  Female  Spayed/Neutered  Unaltered Microchip No: \_\_\_\_\_

I/we, the above-named foster(s), understand and agree to the following terms and conditions:

- I/we understand that the foster pet placed in our temporary care is the property of Never Forgotten Animal Society, Inc. (hereinafter referred to as NFASI) until the contract is fulfilled or terminated by either party.
- I/we understand that NFASI has taken reasonable steps to convey accurate and complete information regarding the above referenced pet but NFASI makes no guarantee, warranty or representation of any kind, implied or expressed, as to the accuracy of said information due to the vague histories that may or may not have been provided to NFASI.
- I/we hereby accept the pet as is and assume all risks and responsibilities associated with the ownership of said pet, including bites, and I/we hereby fully release, indemnify and forever hold harmless from any and all claims, NFASI, NFASI Board of Directors, volunteers, staff and any other person, persons or entities contracted by NFASI on behalf of the pet from any and all responsibility for said pet's health and/or behavior during my/our foster term.
- I/we will provide a humane environment, regular exercise and companionship for my/our pet which includes but is not limited to: proper food, water, adequate shelter, veterinarian care and kind treatment at all times.
- I/we hereby agree that at any time I/we become incapable of caring for or wish to terminate my/our Foster Partner Contract, I/we agree to surrender said pet to NFASI within 24 hours of my/our incapacity or Foster Partner Contract termination.
- I/we agree to provide said pet when requested by NFASI so they can provide vaccinations, immunizations and medical care for the above referenced pet.
- I/we understand that I/we must return said foster pet upon NFASI's request for spay/neuter and that my/our Foster Partner Contract will terminate upon surrender of said foster pet for said procedure unless NFASI requests otherwise.

Initials \_\_\_\_\_/ \_\_\_\_\_

- If NFASI requests an extension of the Foster Partner Contract for any reason, all terms and conditions of said contract will remain in full force and effect until terminated by either party.
- I/we agree to immediately surrender said foster pet upon termination of this contract or upon the request of NFASI for any breach or non-compliance of the conditions of this contract as determined by NFASI.
- I/we consent to provide access to my/our premises, if necessary, to facilitate the return of said foster pet to the custody of NFASI.
- I understand that any false or misleading information provided to NFASI in the course of fostering said pet may result in repossession of said animal and the forfeiture of any and all fees paid to NFASI.

## Photo Release Form

I/we grant NFASI permission to use my likeness in a photograph or video images in any and all publications for publicity purposes, including websites, YouTube, Facebook and Twitter entries, without payment or any other consideration in perpetuity.

I/we hereby irrevocably authorize NFASI to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing NFASI or for any other lawful purpose. In addition, I/we waive the right to inspect or approve the finished product, including written or electronic copy, wherein my/our likeness appears. Additionally, I/we waive any right to royalties, or any other compensation arising or related to the use of the video or photograph.

I hereby hold NFASI harmless and release and forever discharge from all claims, demands and causes of action which I/our heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I/we am/are 18 years of age or older and am/are competent to contract in my/our name(s). I/we read this release before signing below and I/we fully understand the contents, meaning and impact of this release. I/we agree to indemnify and forever hold harmless NFASI for any and all losses, claims, expenses, suites, costs, demand and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever made, arising out of the photographed activities in which I/we am/are taking part.

By placing my/our signature(s) below, I/we acknowledge and agree that I/we have read the above Animal Adoption Contract and Photo Release Forms and agree to abide by said terms and conditions of same.

\_\_\_\_\_  
Foster Signature Date

\_\_\_\_\_  
Co-Foster Signature Date

\_\_\_\_\_  
Staff Signature Date



# Never Forgotten Animal Society, Inc.

## Adoption Contract & Photo Release

Animal Code: \_\_\_\_\_ Cat  Dog  Other  Date: \_\_\_\_\_

Adoption Fee: \$ \_\_\_\_\_ Paid:  Cash  Credit Card  Digital Payment

### **Adopter's Information:** (hereinafter referred to as adopter(s))

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Co-Adopter: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

E-Mail: \_\_\_\_\_ Driver's License: \_\_\_\_\_

### **Animal Information:**(hereinafter referred to as pet)

Kennel Name: \_\_\_\_\_ Adopted Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex:  Male  Female  Spayed/Neutered  Unaltered Microchip No: \_\_\_\_\_

I/we, the above-named adopter(s), understand and agree to the following terms and conditions:

- I/we understand that Never Forgotten Animal Society Inc. has taken reasonable steps to convey accurate and complete information regarding the above referenced pet but Never Forgotten Animal Society Inc. makes no guarantee, warranty or representation of any kind, implied or expressed, as to the accuracy of said information due to the vague histories that may or may not have been provided to Never Forgotten Animal Society Inc..
- I/we hereby accept the pet as is and assume all risks and responsibilities associated with the ownership of said pet, including bites, and I/we hereby fully release, indemnify and forever hold harmless from any and all claims, Never Forgotten Animal Society Inc., from any and all responsibility for said pet's health and/or behavior.
- I/we will provide a humane environment, regular exercise and companionship for my/our pet which includes but is not limited to: proper food, water, adequate shelter, veterinarian care and kind treatment at all times.
- I/we hereby agree that at any time I/we become incapable of caring for or wish to re-adopt or re-home said pet, I/we agree to return said pet to Never Forgotten Animal Society Inc.
- I/we agree to provide any and all vaccinations, immunizations and medical care for the above referenced pet, at my/our expense including but not limited to annual rabies vaccinations.
- I/we are aware of Nye County licensing requirements and animal control regulations regarding not allowing the above referenced pet to run at large or allow the pet to become a public nuisance.
- I understand that any false or misleading information provided to Never Forgotten Animal Society Inc. in the course of adopting said pet may result in repossession of said animal and the forfeiture of any and all fees paid to Never Forgotten Animal Society, Inc.

Initials \_\_\_\_\_/ \_\_\_\_\_

# Photo Release Form

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I/we hereby irrevocably authorize Never Forgotten Animal Society, Inc. to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Never Forgotten Animal Society, Inc. or for any other lawful purpose. In addition, I/we waive the right to inspect or approve the finished product, including written or electronic copy, wherein my/our likeness appears. Additionally, I/we waive any right to royalties, or any other compensation arising or related to the use of the video or photograph.

I hereby hold Never Forgotten Animal Society, Inc. harmless and release and forever discharge from all claims, demands and causes of action which I/our heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I/we am/are 18 years of age or older and am/are competent to contract in my/our name(s). I/we read this release before signing below and I/we fully understand the contents, meaning and impact of this release. I/we agree to indemnify and forever hold harmless Never Forgotten Animal Society, Inc. for any and all losses, claims, expenses, suites, costs, demand and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever made, arising out of the photographed activities in which I/we am/are taking part.

By placing my/our signature(s) below, I/we acknowledge and agree that I/we have read the above Animal Adoption Contract and Photo Release Forms and agree to abide by said terms and conditions of same.

\_\_\_\_\_  
Adopter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Adopter Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date